

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000033750 1. Entity Name TOUCH DOWN PAINTING, INC.		
Principal Place of Business 6480 NW 57TH CT. OCALA, FL 34482	Mailing Address 6480 NW 57TH CT. OCALA, FL 34482	



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3441777 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ESCARCEGA, TONY
 6480 NW 57TH CT.
 OCALA, FL 34482

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PCM ESCARCEGA, TONY 6480 NW 57TH CT. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S ESCARCEGA, PAM 6480 NW 57TH CT. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TV ARMSTRONG, DENNIS 5811 NW 64TH CT. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

DO NOT WRITE IN THIS SPACE

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 05/17/06-80042-019 130.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony Escarcega Tony Escarcega Date: 4/27/06 Daytime Phone #: (352) 690-7057